



**CITY OF ATLANTA**

OFFICE OF BUILDINGS  
55 TRINITY AVENUE, S.W., SUITE 3900  
ATLANTA, GEORGIA 30303-0309  
Phone: (404) 330-6193

# SYSTEM CERTIFICATION FORM

**\*\*\*PLEASE NOTE\*\*\***

This form is the final site visit form required by the State of Georgia and must be filled out completely and signed by the Certificate of Competency Holder. It shall be given to the City of Atlanta's Inspector at the final inspection of the work covered under the sprinkler permit.

Sprinkler Permit Number: **BP-201** \_\_\_\_\_

Building Permit Number: **BB-201** \_\_\_\_\_

Facility Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

## **Sprinkler Contractor Information**

Sprinkler Contractor's Name (Print): \_\_\_\_\_

Certificate of Competency's Name (Print): \_\_\_\_\_

Certificate of Competency's State License Number: \_\_\_\_\_

## **Owner/Owner's Representative/General Contractor/Contractor's Representative**

Name (Print): \_\_\_\_\_

Company Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of System(s) (Wet, Dry, etc.): \_\_\_\_\_

NFPA Standards that System(s) was designed by: \_\_\_\_\_

Upon project completion, the Certificate of Competency Holder affirms that the installation meets or exceeds all requirements of the Safety Fire Commissioner's Rules and Regulations 120-3-3. This shall only be signed by the Certificate of Competency Holder

\_\_\_\_\_  
Certificate of Competency Holder's Signature

\_\_\_\_\_  
Date